MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/368,433 FILING DATE 8/05/99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I		/				51							
2				/			52							
3				/			53							
4				/			54							
5			/				55							
6			/	/			56							
7				/			57							
8				/			58							
9				/			59							
10				/			60							
11			/				61							
12			/				62							
13			/				63							
14				/			64							
15				/			65							
16				/			66							
17				/			67							
18				/			68							
19				/			69							
20				/			70							
21				/			71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26				/			76							
27				/			77							
28				/			78							
29				/			79							
30				/			80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	6		6				TOTAL IND.							
TOTAL DEP.	7		24				TOTAL DEP.							
TOTAL CLAIMS	13		30				TOTAL CLAIMS							